

# Oncology Clinical Pathways

## Esophageal Cancer

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September 2022 – V1.2022



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Every Step of the Way

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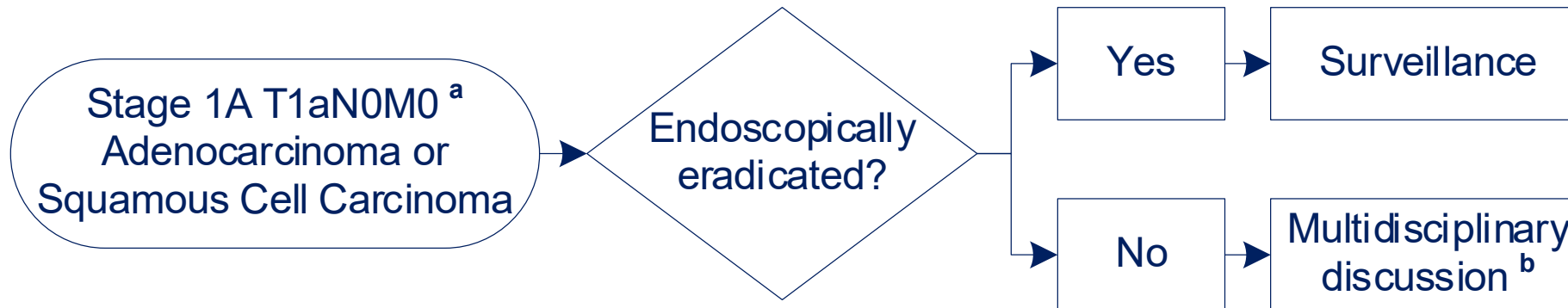


U.S. Department  
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# Esophageal Cancer – Stage 1A T1aN0M0 Adenocarcinoma or Squamous Cell Carcinoma

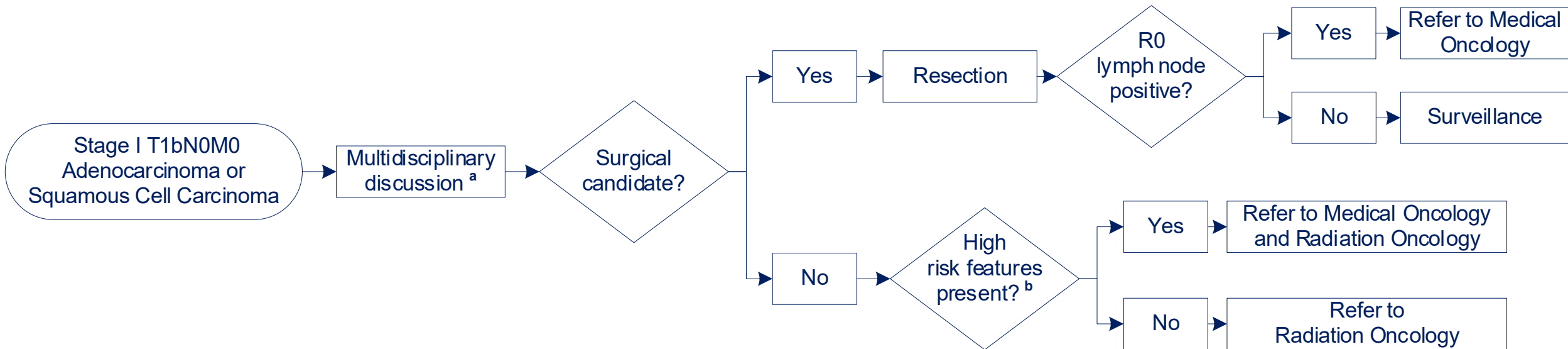


Clinical trial(s) always considered on pathway.

<sup>a</sup> **Staging** confirmed during Endoscopic Mucosal Resection (EMR) or Endoscopic Submucosal Dissection (ESD)

<sup>b</sup> **Multidisciplinary discussion** includes surgery, radiation oncology, and medical oncology

# Esophageal Cancer – Stage I T1bN0M0 Adenocarcinoma or Squamous Cell Carcinoma



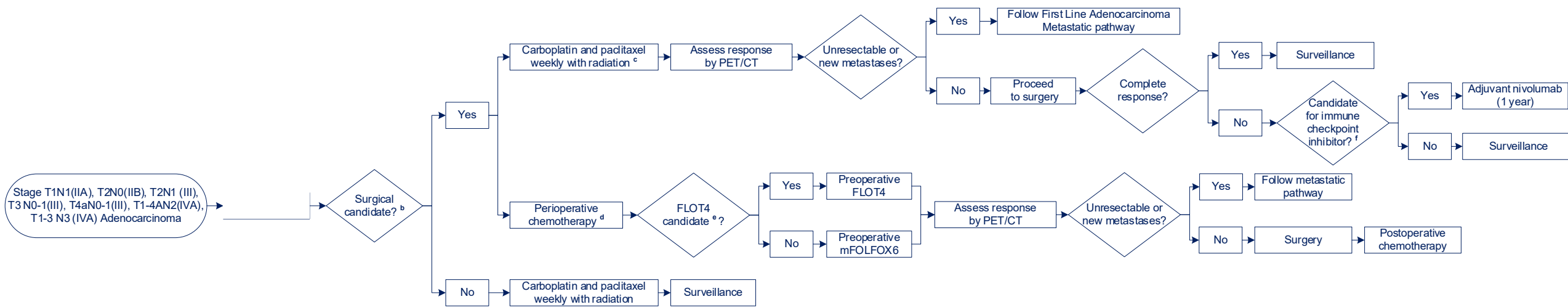
Clinical trial(s) always considered on pathway.

<sup>a</sup> **Multidisciplinary discussion** confirm stage

<sup>b</sup> **High risk features** include lymphovascular invasion, poorly differentiated tumors, tumor size  $\geq 2$ cm, SM1, SM2, or positive margin on EMR

**EMR** Endoscopic Mucosal Resection

# Esophageal Cancer – Stage T1N1(IIA), T2N0(IIB), T2N1 (III), T3 N0-1(III), T4aN0-1(III), T1-4AN2(IVA), T1-3 N3 (IVA) Adenocarcinoma



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Multidisciplinary discussion** includes surgery, radiation oncology, and medical oncology

<sup>b</sup> **Surgical candidate** discussion with or evaluation by a surgeon

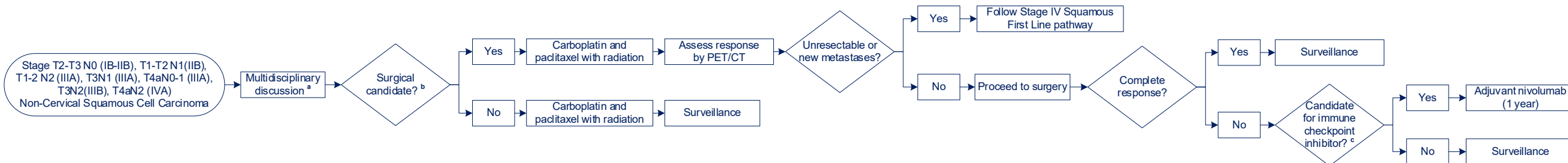
<sup>c</sup> **Carboplatin and paclitaxel with radiation** preferred treatment for predominantly esophageal tumors

<sup>d</sup> **Perioperative chemotherapy** preferred treatment for predominantly gastric tumors or patient is not a candidate for radiation

<sup>e</sup> **FLOT4 candidates** include fit patients with ECOG 0-1 due to expected Grade 3/4 toxicities of neutropenia, infection, diarrhea and peripheral neuropathy

<sup>f</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant

# Esophageal Cancer – Stage T2-T3 N0 (IB-IIB), T1-T2 N1(IIB), T1-2 N2 (IIIA), T3N1 (IIIA), T4aN0-1 (IIIA), T3N2(IIIB), T4aN2 (IVA) Non-Cervical Squamous Cell Carcinoma



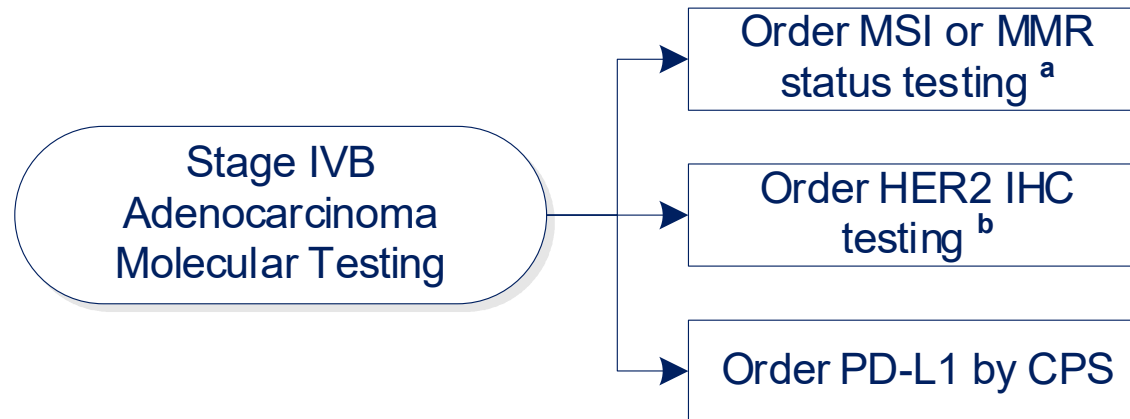
Clinical trial(s) always considered on pathway.

<sup>a</sup> **Multidisciplinary discussion** includes surgery, radiation oncology, and medical oncology

<sup>b</sup> **Surgical candidate** discussion with or evaluation by a surgeon

<sup>c</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent > 10mg/day) or prior allogeneic HSCT/solid organ transplant

# Esophageal Cancer – Stage IVB Adenocarcinoma Molecular Testing

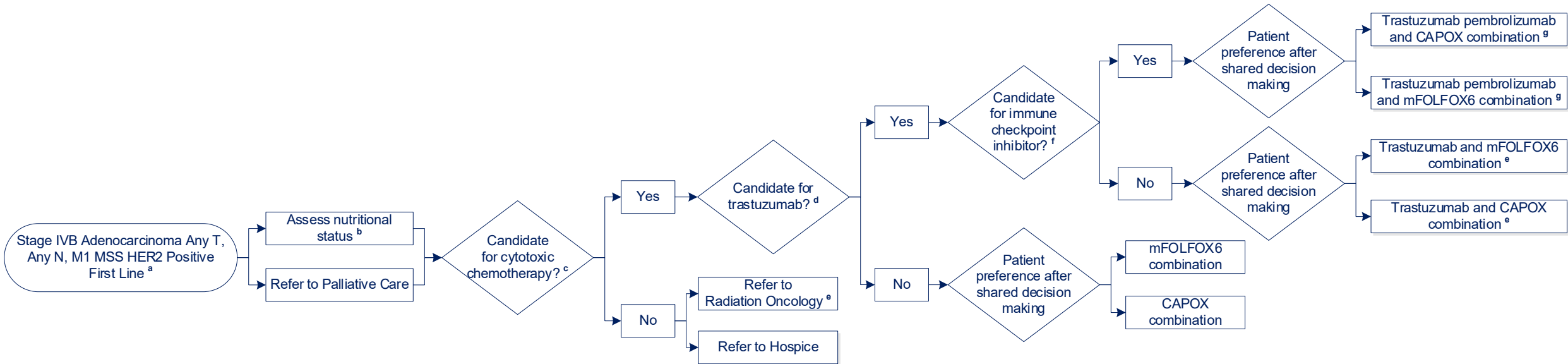


Clinical trial(s) always considered on pathway.

<sup>a</sup> **MSI or MMR** NGS or IHC

<sup>b</sup> **HER2 IHC** if results 2+, HER2 IHC with reflex to FISH required (in-situ hybridization)

# Esophageal Cancer – Stage IVB Adenocarcinoma Any T, Any N, M1 MSS HER2 Positive First Line

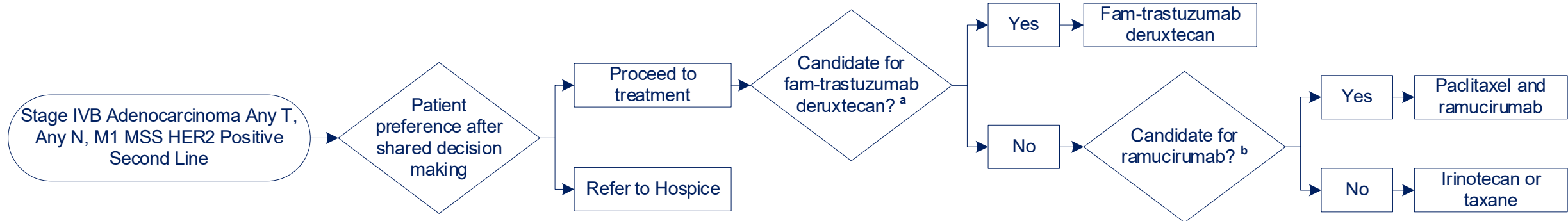


Clinical trial(s) always considered on pathway.

- <sup>a</sup> **HER2 Positive** considered IHC score +3 or an IHC score of +2 and FISH/ISH positive
- <sup>b</sup> **Assess nutritional status** and consider palliative stent or other nutritional support modalities when clinically appropriate
- <sup>c</sup> **Candidate for cytotoxic chemotherapy** consider if patient can tolerate a platinum- and fluoropyrimidine-based doublet
- <sup>d</sup> **Qualify for trastuzumab or biosimilar** patient with HER2-positive disease and no clinically significant CV disease (defined as LVEF< 50%, MI within prior 6 months, symptomatic CHF (NYHA class II to IV), unstable angina or cardiac arrhythmia requiring therapy)
- <sup>e</sup> **Radiation Oncology** consider palliative radiation when clinically appropriate
- <sup>f</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant
- <sup>g</sup> **Pembrolizumab** for two years



# Esophageal Cancer – Stage IVB Adenocarcinoma Any T, Any N, M1 MSS HER2 Positive Second Line

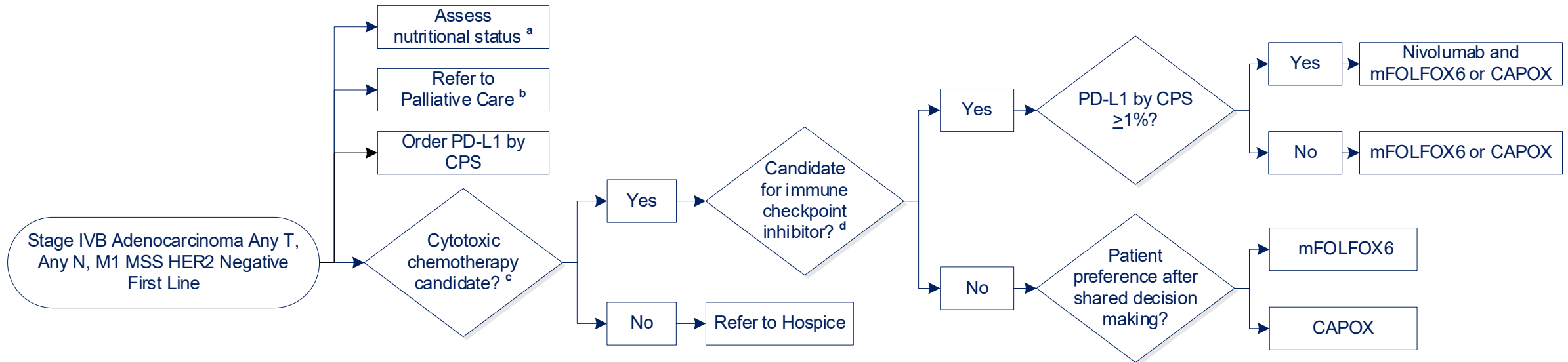


Clinical trial(s) always considered on pathway.

<sup>a</sup> **Candidate for fam-trastuzumab deruxtecan** received trastuzumab in the first-line setting; baseline LVEF  $\geq 50\%$  and/or no clinically significant cardiac disease (defined as LVEF  $< 50\%$ , MI within prior 6 months, symptomatic CHF (NYHA class II to IV), unstable angina or cardiac arrhythmia requiring therapy); no ILD or pneumonitis; ANC  $\geq 1500/\text{mm}^3$

<sup>b</sup> **Candidate for ramucirumab** received fluoropyrimidine and platinum agent in the first-line setting; ECOG PS 0-2; ANC  $\geq 1500/\text{mm}^3$ . Note: Due to anti-VEGF effects patients with the following should not receive ramucirumab: non-healing wound/fracture, major surgery in prior 4 weeks, bleeding disorder or coagulopathy, recent history of GI perforation, unstable cardiac condition (uncontrolled HTN, arterial thromboembolism, symptomatic CHF (NYHA II-IV) or arrhythmia), or active cocaine use

# Esophageal Cancer – Stage IVB Adenocarcinoma Any T, Any N, M1 MSS HER2 Negative First Line



Clinical trial(s) always considered on pathway.

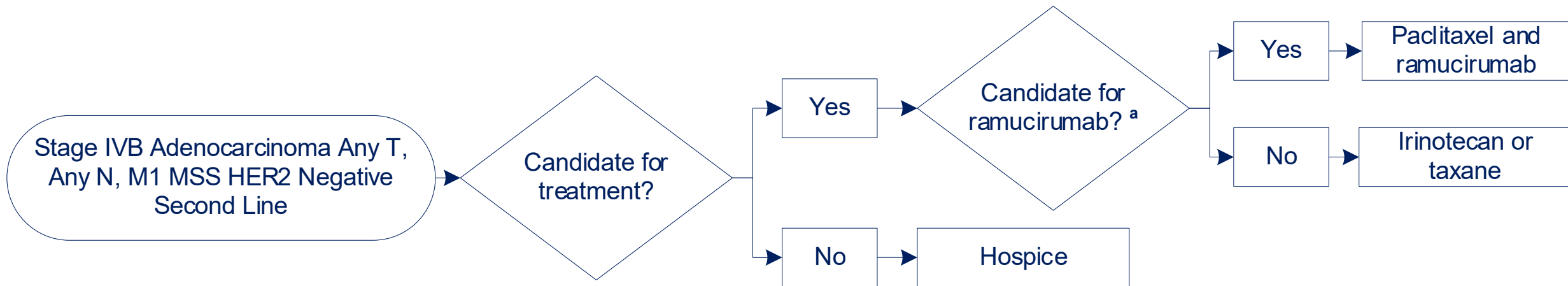
<sup>a</sup> **Assess nutritional status** consider palliative stent or other nutritional support modalities when clinically appropriate

<sup>b</sup> **Assess Palliative Care** consider palliative radiation when clinically appropriate

<sup>c</sup> **Candidate for cytotoxic chemotherapy** consider if patient can tolerate a platinum- and fluoropyrimidine-based doublet

<sup>d</sup> **Qualify for immune checkpoint inhibitor** no active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant

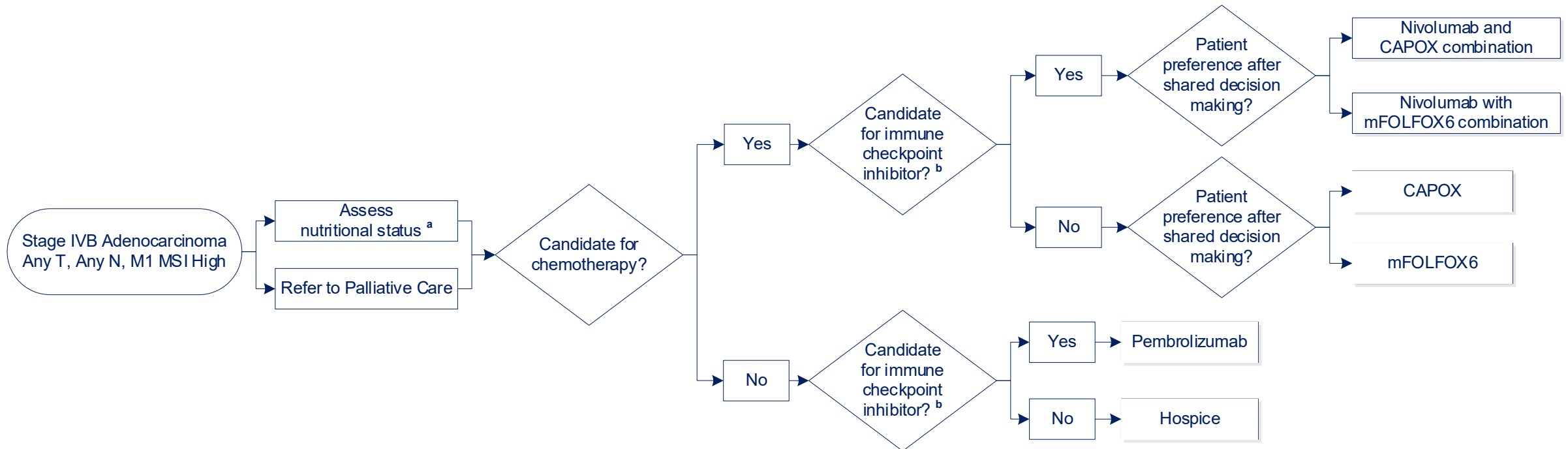
# Esophageal Cancer – Stage IVB Adenocarcinoma Any T, Any N, M1 MSS HER2 Negative Second Line



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Candidate for ramucirumab** received fluoropyrimidine and platinum agent in the first-line setting; ECOG PS 0-2; ANC  $\geq 1500/\text{mm}^3$ ; due to anti-VEGF effects patients with the following should not receive ramucirumab: non-healing wound/fracture, major surgery in prior 4 weeks, bleeding disorder or coagulopathy, recent history of GI perforation, unstable cardiac condition (uncontrolled HTN, arterial thromboembolism, symptomatic CHF (NYHA II-IV) or arrhythmia), or active cocaine use

# Esophageal Cancer – Stage IVB Adenocarcinoma Any T, Any N, M1 MSI High

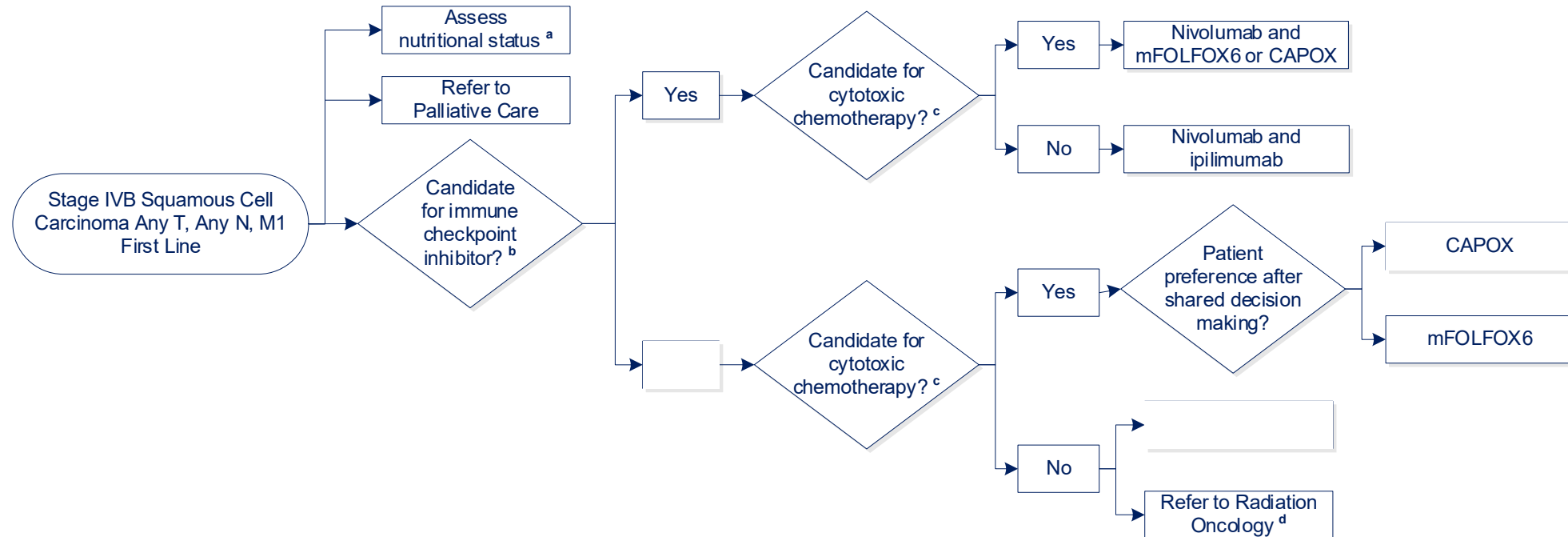


Clinical trial(s) always considered on pathway.

<sup>a</sup> **Assess nutritional status** consider palliative stent or other nutritional support modalities when clinically appropriate

<sup>b</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant

# Esophageal Cancer – Stage IVB Squamous Cell Carcinoma Any T, Any N, M1 First Line



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Assess nutritional status** consider palliative stent or other nutritional support modalities when clinically appropriate

<sup>b</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant

<sup>c</sup> **Candidate for cytotoxic chemotherapy** consider if patient can tolerate a platinum- and fluoropyrimidine-based doublet

<sup>d</sup> **Radiation Oncology** consider palliative or metastasis-directed radiation when clinically appropriate



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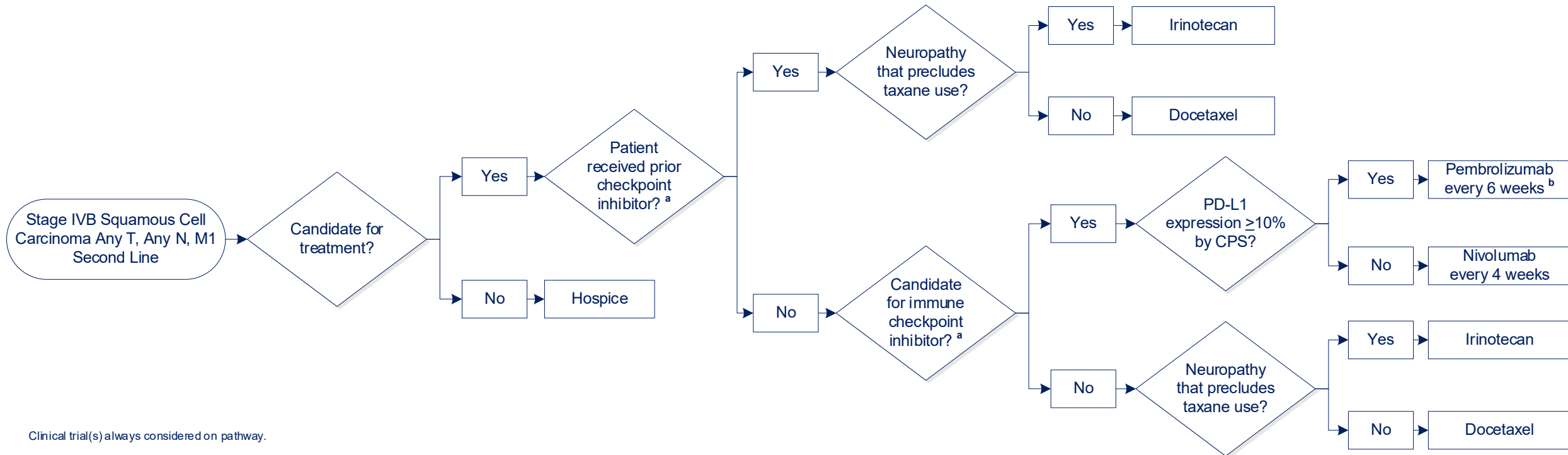
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# Esophageal Cancer – Stage IVB Squamous Cell Carcinoma Any T, Any N, M1 Second Line

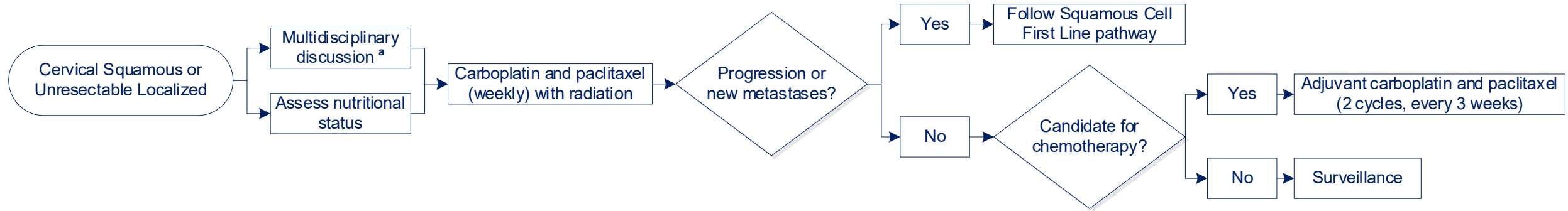


Clinical trial(s) always considered on pathway.

<sup>a</sup> **Qualify for immune checkpoint inhibitor** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic HSCT/solid organ transplant

<sup>b</sup> **Pembrolizumab** chosen due to FDA approval and patient convenience

# Esophageal Cancer – Cervical Squamous or Unresectable Localized



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Multidisciplinary discussion** includes surgery, radiation oncology, and medical oncology; for mid-esophageal tumors, consider referral to Pulmonary to assess tracheal invasion

# Questions?

Contact [VHAOncologyPathways@va.gov](mailto:VHAOncologyPathways@va.gov)



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